

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4515

CERTIFICATE OF DEATH

REGISTRAR'S NO.

73.

04 04 CE OF DEATH AND 2301 AL RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Globe</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Globe,</b>	
PRECEDENT PERSONAL DATA 164 4 950	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Gila General Hospital</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>627 E. Ash St.</b>	
	3. NAME OF DECEASED A. (FIRST) <b>Bart</b> B. (MIDDLE) <b>Berry</b> C. (LAST) <b>Bishop</b>		4. SEX <b>Male</b> 5. COLOR OR RACE <b>White</b>	
11	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH <b>12 28 1885</b> 8. AGE <b>64</b> 9. MONTHS <b>9</b> 10. DAYS <b>25</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
164	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NAME UNKNOWN; IF YES, WAR OR DATES OF SERVICE) <b>No</b>	
	14A. FATHER'S NAME <b>Luke R. Bishop</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mississippi</b>	
950	16. INFORMANT'S SIGNATURE <b>Bart Bishop</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>September 22, 1950</b>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRAICTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) <b>Pulmonary Tuberculosis</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Silicosis</b>	
001 X CAUSE OF DEATH ITEM 18) 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>May 49</b> TO <b>Sept. 22, 1950</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>Sept. 22, 1950</b> . AND THAT DEATH OCCURRED AT <b>1:50 a.m.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23C. DATE SIGNED <b>9-25-50</b>	
	23A. SIGNATURE <b>Alexander J. Bosse, M.D.</b> (DEGREE OR TITLE)		23B. ADDRESS <b>Globe</b>	
FUNERAL DIRECTOR AND REGISTRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>Sept 25, 1950</b>	
	25A. DATE REC'D BY LOCAL REG. <b>9-28-50</b>		25B. REGISTRAR'S SIGNATURE <b>Irma Van der</b>	
26. FUNERAL DIRECTOR'S SIGNATURE <b>Frank J. Shaly, Globe, Ariz.</b>		27. EMBALMER'S SIGNATURE <b>Frank J. Shaly, 248-A.</b>		